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CLAIMS ONLY							Application Number 09/980,916		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENOMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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CLAIMS ONLY							Application Number 09/980,916		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
/s 1	/						51					
/s 2	/	/					52					
/s 3	/						53					
/s 4		/					54					
/s 5		/					55					
/s 6		/					56					
/s 7		/					57					
/s 8		/					58					
/s 9		/					59					
/s 10		/					60					
/s 11		/					61					
/s 12		/					62					
/s 13		/					63					
/s 14		/					64					
/s 15		/					65					
/s 16		/					66					
/s 17		/					67					
/s 18		/					68					
/s 19		/					69					
/s 20		/					70					
/s 21		/					71					
/s 22		/					72					
/s 23		/					73					
/s 24		/					74					
/s 25	/						75					
/s 26	/	/					76					
/s 27	/						77					
/s 28	/	/					78					
/s 29	/	/					79					
/s 30	/						80					
/s 31		/					81					
/s 32	/	/					82					
/s 33	/	/					83					
/s 34		/					84					
/s 35		/					85					
/s 36		/					86					
/s 37		/					87					
/s 38		/					88					
/s 39		/					89					
/s 40		/					90					
/s 41		/					91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	7						Total Indep					
Total Depend	34						Total Depend					
Total Claims	41						Total Claims					

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